

WAIVER OF DISABILITY RETIREMENT BENEFITS

March 9, 2016

JOHN E GOMBAR
9093 FIELDSTONE TRACE
SUMMERVILLE SC 29485

RE: XXX-XX-4505 SCRS and PORS

I was approved for disability and have been receiving monthly disability retirement benefits under the South Carolina Retirement System (SCRS) since January 16, 2010. As a result of my disability, I have also been receiving monthly retirement benefits under my correlated account with the SC Police Officers' Retirement System. I wish to revoke any and all rights to my disability retirement benefits. Please cancel my SCRS and PORS retirement benefits effective _____.

I understand that I am not in any way revoking my rights to a refund of my contributions. I understand that since I have returned to covered employment for another participating employer, that both my SCRS and PORS retirement accounts will be restored to an active status and I will be required to again become an active contributing member of the Retirement System.

NAME (Signature)

DATE